

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

JUEL ROUNDTREE,

Plaintiff,

-against-

NYC; NY HEALTH & HOSPS; CORIZON  
MEDICAL; MEDICAL ADMINISTRATOR  
ROBERTS; DR. ARKADY CHERCHOVER;  
GRVC DENTIST (JOHN DOE #1); DR. SAN  
JOSE; JANE DOES # 1-5; JOHN DOES # 2-10,

Defendants.

19-CV-2475 (JMF)

ORDER OF SERVICE

JESSE M. FURMAN, United States District Judge:

Plaintiff, currently incarcerated in Marcy Correctional Facility, brings this *pro se* action alleging that, while he was detained in the George R. Vierno Center (GRVC) on Rikers Island, Defendants violated his constitutional rights. Plaintiff paid the requisite fees to file this action.

**A. Service on H+H, Corizon Medical, Dr. Arkady Cherchover, and Dr. San Jose**

The Clerk of Court is directed to issue summonses as to Defendants H+H, Corizon Medical, Dr. Arkady Cherchover, and Dr. San Jose. Plaintiff is directed to serve the summons and complaint on Defendants within 90 days of the issuance of the summons. If within those 90 days, Plaintiff has not either served Defendants or requested an extension of time to do so, the Court may dismiss the claims against Defendants under Rules 4 and 41 of the Federal Rules of Civil Procedure for failure to prosecute.

**B. Service on the City of New York**

The Clerk of Court is directed to issue a summons as to the City of New York and to notify the New York City Department of Correction and the New York City Law Department of this order. The Court requests that the City of New York waive service of summons.

**C. Medical Administrator Roberts and GRVC Dentist (John Doe # 1)**

Under *Valentin v. Dinkins*, a *pro se* litigant is entitled to assistance from the district court in identifying a defendant. 121 F.3d 72, 76 (2d Cir. 1997). In the complaint, Plaintiff supplies sufficient information to permit H+H to identify Medical Administrator Roberts and GRVC Dentist (John Doe # 1). It is therefore ordered that H+H shall ascertain the identities of Medical Administrator Roberts and GRVC Dentist (John Doe # 1) whom Plaintiff seeks to sue here and the addresses where these Defendants may be served. H+H shall provide this information to Plaintiff and the Court within sixty days of the date of this order.

Within thirty days of receiving this information, Plaintiff must file an amended complaint naming the John Doe Defendants. The amended complaint will replace, not supplement, the original complaint. An Amended Civil Rights Complaint form that Plaintiff should complete is attached to this order. Once Plaintiff has filed an amended complaint, the Court will screen the amended complaint and, if necessary, issue an order directing service on Defendants.

**D. Jane Does # 1–5 and John Does # 2–10**

Plaintiff names unidentified Jane Does # 1–5 and John Does # 2–10 in the caption of his complaint but does not plead any facts in the body of the complaint about what any of these Defendants did or failed to do that violated his rights. A *pro se* litigant is entitled under *Valentin v. Dinkins*, to assistance from the district court in identifying a defendant. 121 F.3d 72, 76 (2d Cir. 1997). But Plaintiff does not supply sufficient information that would allow identification of these Defendants. Thus, the Court declines at this time to issue a *Valentin* order as to these Defendants but will revisit the matter at a later date, if necessary.

**CONCLUSION**

The Clerk of Court is directed to mail a copy of this order to Plaintiff, together with an information package.

The Clerk of Court is instructed to issue summonses as to Defendants the City of New York, H+H, Corizon Medical, Dr. Arkady Cherchover, and Dr. San Jose. Plaintiff is directed to serve the summons and complaint on each of these Defendants within 90 days of the issuance of the summonses.


The Clerk of Court is directed to electronically notify the New York City Department of Correction and the New York City Law Department of this order. The Court requests that Defendants the City of New York waive service of summons.

The Clerk of Court is directed to docket this as a “written opinion” within the meaning of Section 205(a)(5) of the E-Government Act of 2002.

The Court certifies under 28 U.S.C. § 1915(a)(3) that any appeal from this order would not be taken in good faith, and therefore *in forma pauperis* status is denied for the purpose of an appeal. *Cf. Coppedge v. United States*, 369 U.S. 438, 444-45 (1962) (holding that an appellant demonstrates good faith when he seeks review of a nonfrivolous issue).

SO ORDERED.

Dated: July 18, 2019  
New York, New York



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JESSE M. FURMAN  
United States District Judge

## **DEFENDANTS AND SERVICE ADDRESSES**

1. H+H  
125 Worth Street  
New York, New York 10013
2. Corizon Medical  
103 Powell Court  
Brentwood, TN 37027
3. Dr. Arkady Cherchover  
c/o Marella Lowe, Assistant Director of Medical Records  
NYC Health + Hospital AGNY – Correctional Health Services  
49-04 19<sup>th</sup> Avenue  
1<sup>st</sup> Floor  
Astoria, New York 11105
4. Dr. San Jose  
c/o Gwendolyn Renee Tarver  
PAGNY – Correctional Health Services  
49-04 19<sup>th</sup> Avenue  
1<sup>st</sup> Floor  
Astoria, New York 11105

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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Write the full name of each plaintiff.

-against-

\_\_\_\_ CV \_\_\_\_  
(Include case number if one has been assigned)

**AMENDED  
COMPLAINT**  
(Prisoner)

Do you want a jury trial?  
☐ Yes    ☐ No

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Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a “*Bivens*” action (against federal defendants).

☐ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

## II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

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First Name	Middle Initial	Last Name
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State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

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Prisoner ID # (if you have previously been in another agency’s custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

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Current Place of Detention

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Institutional Address

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County, City	State	Zip Code
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## III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: \_\_\_\_\_

#### IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

## V. STATEMENT OF CLAIM

Place(s) of occurrence: \_\_\_\_\_

Date(s) of occurrence: \_\_\_\_\_

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



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**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

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**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

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## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

_____		_____	
Dated		Plaintiff's Signature	
_____			
First Name	Middle Initial	Last Name	
_____			
Prison Address			
_____			
County, City	State	Zip Code	

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_